

Adirondack Camp Scholarship Fund Application

Date of Application: _____

Name of Prospective Camper: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Name(s) of Parent(s)/Guardian(s): _____

Name of Primary Contact for application information: _____

Relationship to Camper: _____

Email: _____ Phone: _____

Address (if different from camper): _____

City/State/Zip: _____

Has your child attended camp before? Y N

If yes, did you receive financial assistance from the Adirondack Camp Scholarship Fund? Y N

Total Number of Children/Household Dependents: _____

Approximate Household Income per Year: \$ _____

Mother/Guardian:

Employment (circle one): Full time part time unemployed

Employers Name and Phone #: _____

Father/Guardian:

Employment (circle one): Full time Part time Unemployed

Employers Name and Phone #: _____

Please list primary sources of income and how much received from each

	Source	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

Approximate amount held in savings and/or money market/equity accounts: _____

Amount of assistance requested to send your child to camp: \$ _____

How many weeks would you like your child to attend? 2 4 8

If 2 or 4, which session? 1st 2nd

Please include the following with your application and please understand that **we cannot consider an application until it is complete:**

1. Financial documentation as evidence for approximate income. Final summary page of Tax return or a recent pay stub from current employer are acceptable forms.

2. A brief letter stating what you hope your child will gain from the summer camp experience, what your child hopes to gain, why you require financial assistance and why you are interested in Adirondack Camp. Please include as much supporting documentation (see #1) as possible and please feel free to make note of any special circumstances that you feel should be taken into consideration by the scholarship committee.

3. A brief letter of reference from a current teacher speaking to the academic skills and extracurricular activities of your child as well as his or her ability to interact and socialize with others.

4. A brief letter of reference from another unrelated adult familiar with the child's qualifications -- a family friend, clergy member, social worker, etc -- who can comment on why the child would benefit from a summer at Adirondack Camp.

5. A brief letter from your child stating what he/she hopes to gain from the summer camp experience and why he/she would like to attend Adirondack Camp.

I, the undersigned, attest that the information provided above is true and accurate to the best of my knowledge. I further understand that the information I have provided may be subject to verification. Furthermore, I understand that submission of the application in no way guarantees financial assistance from the Adirondack Camp Scholarship Fund.

Signature: _____

Printed Name: _____

Date: _____